

STATEMENT OF LAND CHANGES

ASSEESSEE'S NAME

LIEN DATE

COUNTY NAME

SBE NO.



Name, address, and telephone number of person to whom correspondence regarding the Statement of Land Changes should be addressed:

NAME

EMAIL ADDRESS

ADDRESS (street, city, state, zip code)

TELEPHONE NO.

()

This year's Property Statement differs from last year's with respect to the following land map and parcel(s).
(Use a separate sheet for each land map, except in cases of reparcelling.)

OMITTED THIS YEAR				REPORTED FIRST TIME THIS YEAR			
<input type="checkbox"/> Sale <input type="checkbox"/> Lease <input type="checkbox"/> Reparcelling <input type="checkbox"/> Other (remarks)				<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Reparcelling <input type="checkbox"/> Other (remarks)			
TAX-RATE AREA	MAP	PAR	AC. OR SQ. FT.	TAX-RATE AREA	MAP	PAR	AC. OR SQ. FT.

GRANTOR, GRANTEE, LESSOR, LESSEE (circle one)

ADDRESS (street, city, state, zip code)

INSTRUMENT

DATE

RECORDING REFERENCE

RECORDING DATE

IMPROVEMENTS AT TIME OF PURCHASE CONSIST OF

PURCHASE PRICE		SALE PRICE		MONTHLY/ANNUAL RENTAL AT START OF LEASE	
\$		\$		\$	
CURRENT RENTAL	EFFECTIVE DATE	COUNTY ASSESSOR'S PARCEL NO. OF SUBJECT PROPERTY			
\$					
SUBJECT PROPERTY ADDRESS					

REMARKS

Following data to be supplied for leased property being leased from another entity and reported for the first time or for a lease renewal:

DATE OF LEASE	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	DATE OF TERMINATION
---------------	------------------------------	----------------------------------	---------------------

RENEWAL OPTIONS

PROPERTY TAXES TO BE PAID BY

☐ Lessor ☐ Lessee

RENTAL INCREASE BY YEAR/TERM (including all renewals)

DATE CONSTRUCTION BEGAN

FOR OFFICIAL USE ONLY

Escape Year: _____

Appraiser Name: _____

Property State Assessed ☐ Yes ☐ No

Date Completed: _____